

**City of Milwaukee**  
**DER/Employee Benefits Division**  
 Full Premium Rates (100%)

**2008 C.O.B.R.A. HEALTH PREMIUM RATES**

	<b>Basic Plan</b>	<b>Basic Plan Tier 1</b>	<b>United Health Care</b>
<b>HEALTH</b>			
Single	\$682.77	\$545.98	\$504.48
Family	\$1,538.75	\$1,458.48	\$1,377.55

**2008 C.O.B.R.A. DENTAL PREMIUM RATES**

<b>General City Dental</b>	<b><u>WPS/DELTA</u></b>	<b><u>CAREPLUS</u></b>	<b><u>DENTALBLUE</u></b>	<b><u>FCW</u></b>
Single	\$26.31	\$31.41	\$31.69	\$32.82
Family	\$90.62	\$91.49	\$95.07	\$99.03
<b>Fire Dental</b>				
Single	\$31.30	\$31.41	\$31.69	\$32.82
Family	\$86.55	\$91.49	\$95.07	\$99.03
<b>Police Dental</b>				
Single	\$30.30	\$31.41	\$31.69	\$32.82
Family	\$91.67	\$91.49	\$95.07	\$99.03

**City of Milwaukee**  
**DER/Employee Benefits Division**  
 Rates include a 2% Admin Fee

**2008 C.O.B.R.A. HEALTH PREMIUM RATES**

	<b>Basic Plan</b>	<b>Basic Plan Tier 1</b>	<b>United Health Care</b>
<b>HEALTH</b>			
Single	\$696.43	\$556.90	\$514.57
Family	\$1,569.53	\$1,487.65	\$1,405.11

**2008 C.O.B.R.A. DENTAL PREMIUM RATES**

<b>General City Dental</b>	<b><u>WPS/DELTA</u></b>	<b><u>CAREPLUS</u></b>	<b><u>DENTALBLUE</u></b>	<b><u>FCW</u></b>
Single	\$26.84	\$32.04	\$32.33	\$33.48
Family	\$92.44	\$93.32	\$96.98	\$101.02
<b>Fire Dental</b>				
Single	\$31.93	\$32.04	\$32.33	\$33.48
Family	\$88.29	\$93.32	\$96.98	\$101.02
<b>Police Dental</b>				
Single	\$30.91	\$32.04	\$32.33	\$33.48
Family	\$93.51	\$93.32	\$96.98	\$101.02

**City of Milwaukee**  
**DER/Employee Benefits Division**  
 Full Premium Rates (100%)

**2008 C.O.B.R.A. HEALTH PREMIUM RATES**

<b>HEALTH</b>	<b>Basic Plan</b>	<b>Basic Plan Tier 1</b>	<b>United Health Care</b>
Single	\$636.63	\$545.98	\$504.48
Family	\$1,434.77	\$1,458.48	\$1,377.55

**2008 C.O.B.R.A. DENTAL PREMIUM RATES**

<b>General City Dental</b>	<b><u>WPS/DELTA</u></b>	<b><u>CAREPLUS</u></b>	<b><u>DENTALBLUE</u></b>	<b><u>FCW</u></b>
Single	\$26.31	\$31.41	\$31.69	\$32.82
Family	\$90.62	\$91.49	\$95.07	\$99.03
<b>Fire Dental</b>				
Single	\$31.30	\$28.65	\$27.02	\$27.81
Family	\$86.55	\$83.44	\$81.05	\$83.92
<b>Police Dental</b>				
Single	\$30.30	\$31.41	\$31.69	\$32.82
Family	\$91.67	\$91.49	\$95.07	\$99.03

**City of Milwaukee**  
**DER/Employee Benefits Division**  
 Rates include a 50% Admin Fee

**2008 C.O.B.R.A. HEALTH PREMIUM RATES DISABILITY RETIREES**

<b>HEALTH</b>	<b>Basic Plan</b>	<b>Basic Plan Tier 1</b>	<b>United Health Care</b>
Single	\$954.95	\$818.98	\$756.72
Family	\$2,152.16	\$2,187.72	\$2,066.33

**2008 C.O.B.R.A. DENTAL PREMIUM RATES**

<b>General City Dental</b>	<b><u>WPS/DELTA</u></b>	<b><u>CAREPLUS</u></b>	<b><u>DENTALBLUE</u></b>	<b><u>FCW</u></b>
Single	\$39.47	\$47.12	\$47.54	\$49.23
Family	\$135.93	\$137.24	\$142.61	\$148.55
<b>Fire Dental</b>				
Single	\$46.95	\$47.12	\$47.54	\$49.23
Family	\$129.83	\$137.24	\$142.61	\$148.55
<b>Police Dental</b>				
Single	\$45.45	\$47.12	\$47.54	\$49.23
Family	\$137.51	\$137.24	\$142.61	\$148.55

**City of Milwaukee**  
**DER/Employee Benefits Division**  
**Medical Benefits Section**

**MANAGEMENT; Loc 494 Electrical; MBCTC**

**2008 C.O.B.R.A. HEALTH PREMIUM RATES**

<b>Rates Include a 2% Admin Fee</b>	<b>Basic Plan</b>	<b>Basic Plan Tier 1</b>	<b>United Health Care</b>
<b>Single</b>	\$696.43	\$556.90	\$514.57
<b>Family</b>	\$1,569.53	\$1,487.65	\$1,405.10

**2008 C.O.B.R.A. DENTAL PREMIUM RATES**

<b>Rates Include a 2% Admin Fee</b>	<b>Delta Dental</b>	<b>CarePlus Dental</b>	<b>DentalBlue</b>	<b>First Commonwealth</b>
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**G E N E R A L C I T Y**

<b>Single</b>	\$26.84	\$35.88	\$40.24	\$37.50
<b>Family</b>	\$92.43	\$104.52	\$120.73	\$113.13

**F I R E**

<b>Single</b>	\$30.91	\$35.88	\$40.24	\$37.50
<b>Family</b>	\$88.28	\$104.52	\$120.73	\$113.13

**P O L I C E**

<b>Single</b>	\$30.91	\$35.88	\$40.24	\$37.50
<b>Family</b>	\$93.50	\$104.52	\$120.73	\$113.13

City of Milwaukee  
DER/Employee Benefits Division  
Medical Benefits Section

**MANAGEMENT; Loc 494 Electrical; MBCTC**

**C.O.B.R.A DISABILITY EXTENSION RATES**

**2008 C.O.B.R.A. HEALTH DISABILITY EXTENSION RATES (x 1.5%)**

<b>Rates Include a 50% Admin Fee</b>	<b>Basic Plan</b>	<b>Basic Plan Tier 1</b>	<b>United Health Care</b>
<b>Single</b>	\$1,024.16	\$818.97	\$756.72
<b>Family</b>	\$2,308.13	\$2,187.72	\$2,066.33

**2008 C.O.B.R.A. DENTAL DISABILITY EXTENSION RATES (x 1.5%)**

<b>Rates Include a 50% Admin Fee</b>	<b>Delta Dental</b>	<b>CarePlus Dental</b>	<b>DentalBlue</b>	<b>First Commonwealth</b>
<b>GENERAL CITY</b>				
<b>Single</b>	\$39.47	\$52.77	\$59.18	\$55.14
<b>Family</b>	\$135.93	\$153.71	\$177.54	\$166.37
<b>FIRE</b>				
<b>Single</b>	\$45.45	\$52.77	\$59.18	\$55.14
<b>Family</b>	\$129.83	\$153.71	\$177.54	\$166.37
<b>POLICE</b>				
<b>Single</b>	\$45.45	\$52.77	\$59.18	\$55.14
<b>Family</b>	\$137.51	\$153.71	\$177.54	\$166.37

If you have questions, please call our office at (414) 286-3184 and your question(s) will be directed to the appropriate person.